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## APPLICANTS

Akram Ali, Livonia, MI;

Jason Foster, Waterford, MI;

Michael Gorecki, Anburn Hills, MI; Gary Pitt, Farmington Hills, MI;

Michael Beavon, Rochester Hills, MI;

Mark Kirschmann, Clarkston, MI;

Christopher M. Slon, Beverly Hills, MI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY MI	SHEETS  DRAWING 4	TOTAL  CLAIMS 19	INDEPENDENT  CLAIMS 3
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature _____		Initials _____			

## ADDRESS

Donald J. Wallace

DaimlerChrysler Intellectual Capital Corporation

CIMS 483-02-19

800 Chrysler Drive

Auburn Hills, MI

48326-2757

## TITLE

Impact load transfer element

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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